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1 9 5 3 ANNUAL REPORT

ON THE WORK OF THE

PUBLIC HEALTH DEPARTMENT

OF THE

LYMM URBAN DISTRICT COUNCIL

BY

A.T. BURN, T.D., M.B., B.S., D.P.H., MEDICAL OFFICER OF HEALTH



1953

MEMBERS OF THE COUNCIL

Chairman: MR. JAMES SPENCELEY

Vice-Chairman: MAJOR D.E. IMPE

MRS. K.V.I. HORROCKS

MRS. N. HUGHES

MR. J.E. ADEY

MR. J.H. BOX

MR. R.B. BROADSMITH (Chairman of the Sanitary & Sewage Farms Committee)

MR. O. DAVIES

MR. O. DAVIS

MR. C.H. SIMONS

MR. T. THORNLEY (Vice-Chairman of the Sanitary & Sewage Farms Committee)

Staff of the Public Health Department

DR. A.T. BURN. T.D., M.B., B.S., D.P.H., Medical Officer of Health

MR. R.T. SUCKSMITH, M.S.I.A., A.R.SAN.I., Sanitary Inspector

TO THE CHAIRMAN AND MEMBERS OF THE LYMM URBAN DISTRICT COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my report on the health and sanitary condition of your district during 1953.

The fall in the death rate to which I referred last year has been almost entirely cancelled out, and a slight fall in the number of births has resulted in no natural increase in the population. The Registrar General shows in fact a slight fall in the population of the area, presumably due to removals. The main diseases responsible for the increase in the death rate are cancer and heart diseases.

There has been no untoward illness in the district during the year, and few cases of infectious disease have been notified.

I have again included a report on the Local Health Authority Services provided in your district, and would express satisfaction at the way in which these services are used by the parents of young children.

I would like to thank my colleagues on the staff of the Council for their assistance throughout the year, and especially Mr. Sucksmith, your Sanitary Inspector, who has done so much to safeguard the sanitary conditions of the area, and who has rendered me invaluable assistance day by day, and in the preparation of this report.

Finally, Mr. Chairman, I would like to thank you, the Chairman of the Sanitary and Sewage Farms Committee, and all the Members of the Council, for your interest and help in the work of the Department.

I am,

Your obedient servant,

A. TELFORD BURN,

GENERAL STATISTICS.

Area	4,242 acres
Population (Registrar General estimate mid 1953)	6,371
Number of inhabited houses	2,063
Size of household (average number of persons	
per house)	3.09
Rateable Value of the District	£38,896
Value of a penny rate	£153

Lymm is situated on the south bank of Manchester Ship Canal about 4 miles east of Warrington. The district is mainly agricultural and residential, the majority of the inhabitants working either in Warrington or Altrincham. The only heavy industries in the district are concrete works and salt works.

There are two public open spaces near the centre of the district, the surroundings of the Dam, a wide expanse of water well stocked with fish, and the kidgway/Grundy Memorial Park, which was bequethed to the Council.

VITAL STATISTICS.

Births

Live Births	Males	Females	Total
Legitimate	41 ate) 1 populati	43 Lon	79 5 84 1 13.18 15.5

Deaths

Males 43	Females	41	Total	84
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Death rate per 1,000 of the population	13.18
Death rate for England and Wales	11.4
Infantile Mortaity (deaths of Infants under 1 year)	
Infantile Mortality rate (per 1,000 associated	
births)	11.9

There have been two fewer births than last year, and the birth rate continues well below the rate for England and Wales, which showed a slight rise in 1953.

There was only one still birth during the year, as compared with three last year, and although the infant mortality rate shows a rise this year, this is only because there were fewer births, only one infant death having occurred as in 1952.

The number of deaths was exactly the same as the number of births, but this was an increase of seventeen over last year. As a result of this the death rate is well above the National Rate, even after due allowance has been made for the high proportion of elderly people in the district. The main single cause of death was heart disease, which accounted for 33 deaths, but cancer rose to second place in the list with a total of 21. There was unfortunately a death from measles during the year, the first from one of the commoner infectious diseases for some years. The constitution of the mortality table according to age bears a close resemblance to that of last year.

BIRTH RATES, DEATH RATES AND INFANT MORTALITY RATES for the past 10 years in Lymm U.D.:-

7) 4 4 lb		1945	1946	1947	1948	1949	1950	1951 .	1952	1953
Birth Rates		16.1	17.6	21.3	17.8	16.05	12.71	16.2	13.5	13.18
Death Rates	11.3	15.4	11.7	1 3. 5	11.0	12.15	13.18	13.4	10.5	13.18
Inf.Mo Rates		64.5	44.4	61	61.9	9.93	49.0	29	11.5	11.9

INFECTIOUS DISEASES.

Only 8 cases of infectious disease were notified during the year. They included 7 cases of scarlet fever and 1 of gastro enteritis. The fatal case of measles referred to above was not notified. The rates of notification are well below those found in comparable populations, and I very much fear that they do not represent the whole of the infectious disease occurring in the neighbourhood.

TUBERCULOSIS.

There were 5 new cases of tuberculosis notified during the year, all of which were of the respiratory type.

Thirty five persons remained on he register of tuberculosis patients at the end of the year compared with twenty eight a year ago; of these twenty eight were respiratory cases and seven non-respiratory.

H & U S I N G

While the Council did not complete any houses during the year, work was well advanced on the construction of seven blocks of four of two storey flats, each of two bedroom type. It will be recalled that in last year's report I mentioned that this type of accommodation appeared to offer the best solution of the Council's housing programme.

18 houses were completed by private enterprise during the year.

There are still large numbers of complaints being received about older properties in the district, and economic circumstances lead to difficulty in persuading landlords to deal with them

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

LOCAL HEALTH AUTHORITY SERVICES.

These are provided by the Cheshire County Council, and are enumerated and described in the Appendix to this Report.

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DEATH	25-44									\leftarrow			1							-1 c2	2
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	Sex	I F	SG	4 Z F		a K	4 2 6	4 2 5	A M	a Z p	ZE	M	4 2 6	I		N		F4	ME	돌뚀	
	CAUSE	Swohilitie Diseases		1	Malignant Neoplash Stonagn Lung and		Other Sites	Diabetes	Vascular Lesions of the	Mervous system	Other Heart Disease		Uther Circulatery Alsease		reto	Hyperplasia of Prostete	Other Diseases	Moter Vehiele Accidents	Other Accidents		GRAND TOTAL

HOSPITAL ACCOMMODATION.

General hospital accommodation is provided by the Warrington General Hospital and the Altrincham General Hospital, while a few special cases are admitted to the Manchester hospitals.

Infectious diseases are mostly accommodated at the Warrington Infectious Diseases Hospital.

LABORATORY SERVICES.

These are provided at the Regional Public Health Laboratory, Monsall Hospital, Manchester. A collection service is available, specimens being left at the Council Offices, whence they are taken to Altrincham and picked up by the Laboratory each afternoon.

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY.

The Waterworks is in the ownership of the Urban District Council, the water being obtained from Artesian Wells which provide a regular and abundant supply of water. The water is of a hard nature containing approximately 18.0 degrees of temporary hardness and 16.0 degrees of permanent hardness.

Samples of water have been taken from each pump at regular intervals and submitted for bacteriological examination.

Chlorination takes place between the pumps and tower and reservoir.

PUBLIC CONVENIENCES.

The Public Conveniences in the Village are cleaned every morning, but it is to be regretted that a certain section of the community do not leave the conveniences in the condition they were before entering which lead to complaints being received of the dirty condition later in the day. This is occurring particularly in the summer months.

Considerable damage also takes place, due no doubt to an irresponsible element, resulting in broken locks, lamps, etc.,

FOOD HYGIENE.

The public appear to be becoming more conscious of food hygiene which has resulted in a higher standard in food shops throughout the district. There is still room for improvement in some instances.

RODENT CONTROL.

Private dwellings are still given a free service for the eradication of rodents, business premises being treated on a repayment of cost basis.

The refuse tips and sewage farms in the ownership of the Council are kept under supervision and treated as required.

The sewers were again treated, the results showing that the number of rodents is steadily decreasing.

HOUSING REPAIRS.

Properties were inspected during the year on receipt of complaints and where necessary Notices were served for work to be done. In all instances, the work was carried out resulting in improved housing conditions. Unfortunately property owners are still reluctant to maintain their property in a good condition owing to the higher cost of labour and materials, this resulting in an accelerated rate of deterioration.

SCHOOLS.

Most of the school buildings are very old and the standard leaves much to be desired, but it is hoped that some improvement will result from the future building programme.

ICE-CREAM.

There are 19 shops within the area registered to sell ice-cream. Fortunately there is now very little loose ice-cream sold in the area and the standard of cleanlinoss in handling has therefore been improved.

SEWAGE DISPOSAL.

The sewage of the area is treated at Statham, Sow Brook and Massey Brook Sewage Farms. The first two being by means of irrigation and the third mechanical treatment. In the case of Statham and Sow Brook, the abundant growth of vegetation hinders the irrigation from effectually purifying the effluent.

CLOSET ACCOMMODATION.

There now only remains 37 houses which are not served by the water carriage system, and there seems little likelihood that this number will be reduced owing to the situation of the houses concerned. In the case of these houses pail closets are used, the bulk of which are emptied by men in the employ of the Surveyor's Department, and in other instances the householders themselves disposing of the contents.

REFUSE COLLECTION AND STREET CLEANSING.

These services are carried out under the supervision of the Surveyor, trade waste and household refuse being collected by direct labour fortnightly. The refuse is disposed of by controlled tipping at Beech House. Regular sweeping of footpaths is carried out, but considerable fouling by dogs still occurs, and could well be prevented.

MEAT AND OTHER FOODS.

All slaughtering for the area is at the moment carried out at centralised slaughter houses where Post Mortem examination takes place.

The following food stuffs were voluntarily surrendered as unfit for human consumption.

I am indebted to Mr. Stacey Hallard (Chief Inspector Weights and Measures, Cheshire County Council), for the following particulars of samples taken in the District during 1953: I think the report is very satisfactory. It is as follows:-

	Nc.	Not up to Standard.
Boracic Ointment	1	eler Weidt
Coffee	1	war .
Ice-Lollie	1	evel .
Desicated Coconut	1	tool
Fish Paste	1	ea
Milk	10	•••
Iodine	1	evet.
Salt, Iodised '	1	and a
Jam	1	***
Lemonade Fowder	1	1
Whisky	1	
	20	1
	===	=======================================

PARTICULARS OF NON-STANDARD SAMPLE

The label did not disclose the presence of one of the ingredients in accordance with the Labelling of Food Order, 1950.

SUMMARY OF SANITARY AND BUILDING INSPECTOR'S VISITS

Water Supply Drainage Stables and Piggeries Tents, Vans and Sheds Bake-houses Workshops Factories Refuse Collection Refuse Disposal Rats and Mice Shops Smoke Observation Schools Miscellaneous and Sanitary Visits Licensed Premises Visits for Purposes of Building Inspection, including inspection	19 81 35 81 82 00 91 11 32 62
for the issue of licences under Civil Building Control Visits to Council Properties Houses inspected under Public Health Acts Visits paid to above houses Houses inspected under Housing Acts Houses inspected for overcrowding Houses inspected for vermin Miscellaneous Housing visits Inquiries in case of Infectious Diseases Visits re Disinfection Butchers Grocers Ice-Cream Premises Restaurants Canteens Miscellaneous Food visits	485 736 196 466 181 152 5

APPENDIX

CHESHIRE COUNTY COUNCIL SALE & LYMM DIVISIONAL HEALTH COMMITTEE

Chairman:

COUNCILLOR MAJOR D.E. IMPE

Deputy-Chairman:

COUNCILLOR L. BETHELL

Representing the Local Health Authority (Cheshire County Council):

County Councillor G. Astbury, J.P.,

County Councillor H.H. Cunliffe

County Councillor Owen Davis

County Councillor F.D. Gee

County Councillor J. Kershaw

County Councillor A. Whitley

Representing Sale Borough Council

Councillor L. Bethell

Councillor Mrs. M. Cave. Councillor Mrs. M. Dickinson

Alderman B. Flinter

Alderman F.H. Highley, J.P. Councillor E.W. Wilkins

Councillor E. Lee, A.M. I.E.E.

Councillor J.G. Steel, B.E.M.

Alderman F.B. Taylor

Councillor V.S. Webb

Representing Lymm Urban District Council

Councillor Major D.E. Impe

Councillor C.H. Simons

Co-opted Members

Mr. A. Ball, F.C.A.,

Mr. S.N. Duguid, J.P., B.Sc.

Miss E. Hatton

Miss M. L. McMurtrey

Councillor Mrs. W.M. Phillips, M.A., J.P.,

Mrs. D.A. Seagrief

Mr. L. Steains, O.B.E., J.P.,

Dr. F. Wraith

... Clerk to the Committee

Mr. Bertram Finch

Divisional Medical Officer:

Dr. A. Telford Burn, T.D., M.B., B.S., D.P.H., Town Hall, Sale.

Chief Clerk

Mr. W. Willson

Clerical Staff

Mrs. E. Aldhouse, Miss S. M. Hartley

Health Visitor, Lymm:

Nurse D.E. Govan.
Welfare Centre, Eagle Brow, Lymm.
Tel.: Lymm 277

Home Nurse, Lymm:

Nurse C. Cahill 28 Highfield Road, Lymm Tel.: Lymm 116

Midwife, Lymm:

Nurse J. Pike 96 Booths Hill Road, Lymm Tel.: Lymm 725

Ambulance Supervisor

Mr. J. B. Kirkby Ambulance Station, Chapel Road, Sale.

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REPORT ON THE LOCAL HEALTH AUTHORITY SERVICES IN THE DIVISION

CARE OF MOTHERS AND YOUNG CHILDREN.

- (a) <u>Mother's Clinics</u>. There are no ante-natal or post-natal clinics held in Lymm.
- (b) Child Welfare Clinics. There is a Child Welfare Centre at 29 Eagle Brow, Lymm, at which sessions are held each Tuesday at 2 p.m. These clinics are attended by Local General Practitioners, and toddlers are seen by the Assistant County Medical Officer by appointment during the period allotted for the school clinics.

While the doctors see only a proportion of the children attending the Child Welfare Clinics, all of them are seen by the Health Visitor on whom the success or otherwise of the Clinic depends. The high attendance at the Centre is evidence of the value placed upon the advice by the mothers who are always only too ready to come and seek assistance in the care of their children.

The Members of the Voluntary Committee provide invaluable assistance in the Clinic, taking over responsibility for the registration and weighing of the children and the sale of Welfare Foods. It is quite certain that the Clinic could not be so successful, nor could it be carried on with the existing staff, if these ladies were not present, and I would like to express my appreciation of their help once again.

The attendances during the year have been :-

New Cases Doctor's Consultations Total Attendances

105 575 2,099

In addition, eight children under five years of age made a total of 26 attendances at the Special Ophthalmic Clinic.

MIDWIFERY SERVICES.

These services are under the control of the County Medical Officer. The midwife attends at domiciliary births either as a midwife, when she is in sole charge of the case, or as a maternity nurse, when a medical practitioner is in charge of the case and she works under his direction.

CASES ATTENDED

As midwife 27
As maternity nurse 5

HEALTH VISITING.

The Health Visitor for the area resides at the Child Welfare Centre in Eagle Brow. She is under the direct control of the County Medical Officer, but works in full co-operation with the Divisional Medical Officer.

While the main work of the Health Visitor is still in the Maternity and Child Welfare Services, the scope of her duties became wider as the pattern of the Local Authority Health Services provided under the National Health Service Act develop. Thus, in addition to attending the clinics, she visits infants and young children in their homes, advising the parents about their feeding and general care and development, and explaining the advantages of vaccination against smallpox and immunisation against diphtheria and whooping cough. She also visits persons suffering from tuberculosis and advises them and their families as to the action they should take to prevent spread of the disease, recommending contacts to have examinations to ensure that they have not contracted any infection. Her services are now used in visiting old people and those who have been discharged from hospital,

and in connection with the provision of home helps. As the service develops still further she will become the adviser of all members of the family on health matters and the person responsible for health education in the homes of all people resident in the District.

HOME NURSING.

This service, like the two previous sections, is also under the direct control of the County Medical Officer and the nurse is called in by the general practitioners and carries out their instructions.

There has been a slight fall in the work of the nurse during the past year.

Cases attended

253

Total visits

3,554

VACCINATION AND IMMUNISATION.

Parents are offered free protection for their children against smallpox, diphtheria and whooping cough either through their own family doctors or at clinics conducted by the Divisional Medical Officer.

Vaccination against smallpox carried out in early infancy, is almost without risk, and has virtually stamped out the disease in this country. Primary vaccination later in life, possibly necessitated by foreign travel, or in the face of an outbreak introduced into this country from overseas, can give rise to very severe reactions which do not occur in infancy or on revaccination of those previously protected in infancy. It is, therefore, a very wise measure to have children protected against this disease during the first six months of their lives.

Diphtheria was one of the most fatal of all the infectious diseases of childhood, but thanks to the effect of immunisation procedure introduced originally over twenty years ago, but not developed on any scale until the early years of the war, the occurrence of a single case of this disease is a rare event in these days.

Whooping cough is a most distressing complaint at any age, but is a particularly dangerous disease in young infants. The protection offered by available vaccines is not so complete as that given in the case of diphtheria prophylactics, but about 80% of the children vaccinated are fully protected and if the disease does develop in the other 20% it is very much milder than in unprotected children. It is usual to give a continued vaccine which protects the child against both whooping cough and diphtheria following a course of these injections.

The response to the offer of protection against these diseases in Lymm is shown in the following table.

	SMAI Primary Vaccin- ation	LPOX Re- Vaccin- ation	DIPHTH: Primary Immuni- sation	Rg- Immuni-	WHOOP- ING COUGH
Pre-School Children	40	es va	51	-	53
School Children	3	end		40	-
Adults	ena.	2	-	e-si	, made
TOTALS	43	2	51	40	53

AMBULANCE SERVICE.

Year by year the demands on the ambulance service have increased since 1948, and this year the increase has been no less than 15% and a record distance of 76,927 miles was covered compared with 66,925 miles last year. The total mileage travelled in the transport of cases arising in the Divisional area has shown a similar increase from 74,866 to 81,235.

Last year I commented on the very great increase in mileage involved in transporting cases from the Lymm area and it is interesting to note that there has been a reduction of over 12% in this mileage which is 14,139 compared with 16,192 last year

SUMMARY	OF	JOU	RNE	zs.
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	Journeys	Milcage
Divisional Ambulance Service	5,955	76,927
Mileage under mutual aid (included above)	567	9,254
Altrincham Divisonal Ambulance Service	240	6,105
Warrington Corp. Ambulance Service	144	1,857
Hospital Car Service	305	5,600

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

The services provided under this heading have dealt in the main with sufferers from tuberculosis and their families, especially in so far as the preventive aspect is concerned, but during the year the care and after-care services have been extended to cover other groups of sick or handicapped persons, including those returning from hospital who require some advice and supervision, other than purely medical care.

The occupational therapist, appointed last year, has extended her work, assisting those who are house-bound by reason of chronic disease or physical handicap to occupy their time in handicrafts, and to make a little money by the sale of the products of their activities.

In the preventive field, as I have mentioned above, tuberculosis is the most important problem and sufferers from this disease who are at home and their families are visited regularly to advise on the precautions necessary to prevent the spread of the disease to other members of the family and to friends, and to ensure that these precautions are being carried out.

Contacts are encouraged to go to the Chest Clinics for examination and the protection of child contacts by B.C.G. vaccination is recommended, During the year 37 children were given such protection. Where there is overcrowding in the house, and circumstances permit, chalets can be creeted in the garden, in which the patient can live, enjoying an open air existence such as is provided at a Sanatorium.

Towards the end of the year the Ministry of Health decided to extend the B.C.G. vaccination scheme to include susceptible groups, especially adolescents, and it is hoped that arrangements will soon be made to offer such protection to all school leavers. There can be little doubt that this scheme will gradually reduce the incidence of tuberculosis in young adults, and so lessen the risk to their children and succeeding generations.

The following table summarises the register of tuberculous persons which is maintained at the Divisional Office.

	MALES		FEMALES		TOTAL
	Pulm.	Non-	Pulm.	Non- Pulm	
	I U IIII.	·	ru IIII.	FULIII	
On register 1st January,1953.	12	3	10	3	28
Added to register.	4	1	2	-	7
Removed from register.	-	-	-	-	ecul
Romaining on register 31st			4.0		
December, 1953,	15	4	12	3	35
Admitted to Sanatoria					_
during the year.	-	-	1	-	1
Discharged from Sanatoria					
during the year.	1		3	*.00	4

The care and after care services also provide for persons suffering from diseases other than tuberculosis by making available nursing requisites such as bed rests, bed pans, sputum flasks etc., and wheel chairs for enabling crippled persons to get out into the fresh air. Convalescent treatment is also arranged and where necessary financial aid is granted for obtaining such treatment. Only two persons took advantage of this facility during the year.

DOMESTIC HELPS.

The domestic help service, providing assistance particularly when the mother is ill, or during confinements, has given much help during the year. Many of the cases have had part time assistance, and this is especially the case with elderly people who cannot quite manage all their housework although able to look after themselves in large measure.

A new scale of assessment for charging for the scrvices of domestic helps was introduced during the year, and the payment is now made on the basis of a weekly fixed charge plus an hourly charge for the service given.

HEALTH EDUCATION.

The whole aim of Local Authority Health Services must always be the prevention of disease and promotion of a healthy population. This can only be achieved if the people know how disease is caused, and the rules of healthy living and the dissemination of such knowledge necessarily occupies much of the time of all members of the health service. This is Health Education and it is practised from day to day by the Health Visitors in the home, at the Welfare centres, and in schools.

Visual aids such as posters and exhibitions have their place in such schemes and are to be found in the Welfare Centres of the Division. Lectures unfortunately usually only reach the converted, but if they give the hearers information which they in turn can spread they serve a valuable purpose, and for this reason the Divisonal staff have been glad to talk to organisations during the year.

Keeping up to date with new methods of spreading health knowledge is important and members of the Divisional staff have attended meetings on this subject during the year.



